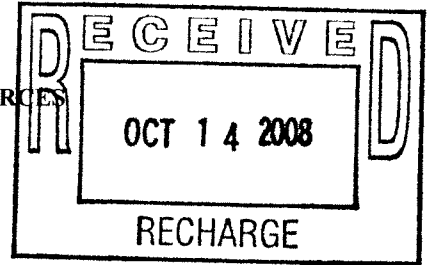


ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



Modification to 74-569302
APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS
NOTICE AND PUBLICATION FEES TO BE DETERMINED,
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY
Application No.: 74-569302.0001
Date Received: 10-14-08

1. Name of Applicant: City of Prescott

<u>P.O. Box 2059</u>	<u>Prescott</u>	<u>Arizona</u>	<u>86302</u>
Mailing Address	City	State	Zip
<u>Contact Person Connie Tucker</u>			
<u>Telephone 928-777-1144</u>		<u>Fax 928-777-1255</u>	

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Prescott AMA, Little Chino Sub-basin

3. Name of the owner(s) of the land where wellsites are located City of Prescott

Mailing Address _____
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used Within the City of Prescott Service Area
(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for Municipal purposes

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-519567; 73-528737
 or long-term storage account number. 70-421123

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
City of Prescott	55-212087	NW¼, NE¼, NE¼ 36, T15N, R2W	1,050	920	18 5/8	1,694	08/20/06

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (~~We~~), Craig McConnell, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (~~our~~) knowledge and belief true, correct and complete.

928-777-1100

Telephone

Craig McConnell

Signature of owner or authorized agent

Deputy City Manager

Title

P.O. Box 2059

Mailing Address

Prescott

City

Arizona

State

86302

Zip

STATE OF ARIZONA

County of YAVAPAI

)
) ss.

Subscribed and sworn to before me this 9th day of October, 20 08.

Wendy Young (FKA YOUNG)

Notary Public

10/6/2010

My commission expires:

